| STATEMENT OF ORGANIZATION | | OFFICE USE ONL | |
|--|---|--|------------|
| Name and Address of Committee | 2. Date of this Statement | s/0 | |
| Sam L. Jenkins, Jr. Campaign Committee | May 29, 2015 | 5/29 | 15 |
| 2419 Kings Highway Shreveport, LA 71103 | 3. Estimated Membership | | 15003802 |
| | 15 | | |
| | 4. Amended Statement? | 4 6 9 2 1n 1 | E 5 |
| Check If: New Committee | YesX No | #893171 #810 | |
| 5. All Committee Officers and Directors (including Chairpers | on, Treasurer, if any, and any other committee | officers and directors) | |
| a. Name Carl H. Franlklin Angela Smith Treasurer | c. <u>Address</u> 910 Pierremont Rd. #2 3414 Jewella Ave. Shr | | 71106 |
| Affiliated Organizations (Any organization, other than a political committee, which a. Name b. Address None | directly or indirectly established, administers, o | or financially supports this committee.) c. <u>Relationship to Committee</u> | |
| 7. All Depositories for Committee Funds (committee funds m funds.) a. Name b. Address Capitol One Bank 2321 Gree | | | ket mutuai |
| | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDAT Committee | TE: a. Check one: X Principal Cam | paign Committee Subsidia | ry |
| | TE: a. Check one: X Principal Cam | c. Office Sought by the Candidate State Represental | |
| b. Name of Candidate Sam L. Jenkins Jr. | TE: a. Check one: X Principal Cam | c. Office Sought by the Candidate | |
| b. Name of Candidate Sam L. Jenkins Jr. | | c. Office Sought by the Candidate | |
| b. Name of Candidate Sam L. Jenkins Jr. 9. a. Name of Person Preparing Report Sam L. J | enkins, Jr. | c. Office Sought by the Candidate State Representat District 2 | tive |
| b. Name of Candidate Sam L. Jenkins Jr. 9. a. Name of Person Preparing Report Sam L. J b. Daytime Telephone (318) 636 4266 10. WE HEREBY CERTIFY that the information contained in and belief. This 29 day of May | Tenkins, Jr. this STATEMENT OF ORGANIZATION is true: | c. Office Sought by the Candidate State Represental District 2 and correct to the best of our knowledge | tive |
| b. Name of Candidate Sam L. Jenkins Jr. 9. a. Name of Person Preparing Report Sam L. J b. Daytime Telephone (318) 636 4266 10. WE HEREBY CERTIFY that the information contained in and belief. | Tenkins, Jr. this STATEMENT OF ORGANIZATION is true: | c. Office Sought by the Candidate State Represental District 2 and correct to the best of our knowledge | tive |

Form 200, Rev. 12/03, Page Rev. 3/2015